

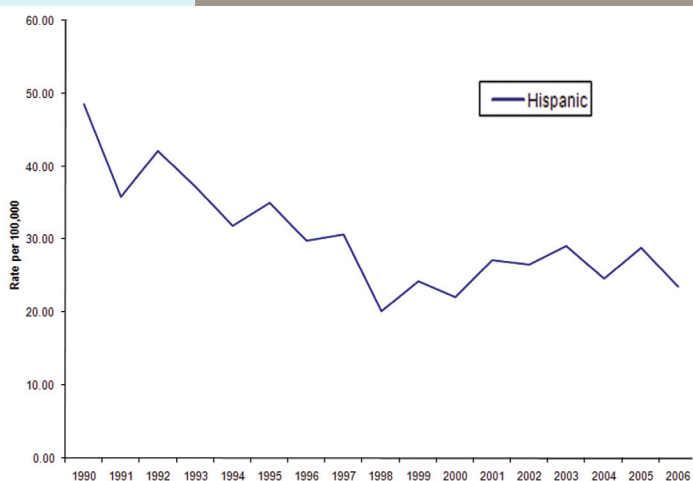
# Hispanic\*

In Virginia, in 2006, Hispanics represented 6% of the state's population and accounted for eight percent of the diagnosed HIV/AIDS cases.

In 2005, the rate of AIDS diagnosis among Hispanics in Virginia was higher (30 per 100,000 persons) than the national average (24 per 100,000).

In 2002, VDH reported that Hispanic girls 15-17 years old had a pregnancy rate of 46.4 per 1,000 females, which was 2.2 times higher than White females of the same age. For the 18-19 year olds, the pregnancy rates was highest for Hispanic females, 162.8 per 1,000 females compared to 148.5 per 1,000 females for Blacks and 77.6 per 1,000 females for Whites (VDH, 2002).

**Figure 1** HIV/AIDS rates in Virginia among the Hispanic population (1996-2006)



Hispanics are disproportionately affected by HIV/AIDS in the U.S. when compared to other reported populations. In 2005, Hispanics had an AIDS rate of 24 cases per 100,000 persons compared to the overall rate of 16.6 per 100,000 persons (CDC, 2007). Male-to-male sexual contact was the highest transmission category for this population (44%) followed by high-risk heterosexual contact (26%)

and injection drug use (24%).

In Virginia, in 2006, Hispanics represented 6% of the state's population and accounted for eight percent of the diagnosed HIV/AIDS cases.

In 2006, there were 143 reported cases of HIV/AIDS among Hispanics in Virginia and the rate of HIV/AIDS diagnosis among Hispanics was four times higher than that of Whites. In 2005, the rate of AIDS diagnosis among Hispanics in Virginia was higher (30 per 100,000 persons) than the national average (24 per 100,000). In 2006, 62% of the reported cases of HIV/AIDS among Hispanics were in the Northern region, primarily from Fairfax County. As of the end of 2006, there were 1,106 Hispanics reported to be living with HIV/AIDS in Virginia.

## Hispanic Men and Women

In the U.S., risk factors for Latinos include socioeconomic issues such as poverty and limited access to health care, denial, having high risk partners, substance use and having existing sexually transmitted diseases (CDC, 2006).

Latinos are a heterogeneous population requiring targeted approaches to HIV prevention. However, in a report by the National Council of La Raza, common factors that may place Latinos at increased risk of HIV/AIDS included: discrimination, stigma, homophobia, socioeconomic hardship, overcrowding, poverty, rigid gender roles and expectations, high mobility, isolation from family and country of origin, and marginalized status (NCLR, 2007a).

In addition to behavioral risk factors, challenges to HIV prevention efforts for this population include cultural norms such as sexual silence and ma-

\* According to the U.S. Office of Management and Budget (OMB) the term Latino can be used interchangeably with Hispanic. Both terms "Latino" and "Hispanic" are used to describe an ethnicity and not a race. Latinos can be any of the five races recognized by OMB: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. The term Hispanic or Latino refers to persons who trace their origin or descent to Mexico, Puerto Rico, Cuba, Central and South America, and other Spanish cultures (OMB, 1997).

chismo. Sexual silence prohibits or limits one from speaking about sex or sexuality and machismo promotes promiscuity and male dominance in matters related to sex and sexuality (USCF, 2002).

Among Latino men, the main risk is among men who have sex with men, whereas the main risk factor for women is high-risk heterosexual behavior (CDC, 2007). In 2002, VDH reported that Hispanic girls 15-17 years old had a pregnancy rate of 46.4 per 1,000 females which was 2.2 times higher than White females of the same age. For 18-19 year olds, the pregnancy rates were highest for Hispanic females, being 162.8 per 1,000, females compared to 148.5 per 1,000 females for Blacks and 77.6 per 1,000 females for Whites (VDH, 2002). In a recent survey, 66.3% of Hispanics surveyed in the Richmond metro area were “very worried” about adolescent pregnancy or sexually transmitted infections (VDH, 2006).

#### Hispanic Immigrants

VDH offers free HIV testing regardless of immigration status. However, documented and undocumented Latino immigrants, like all immigrants, are often deterred from seeking HIV testing and treatment. Undocumented Latinos are ineligible for almost all publicly-supported health benefits except for limited emergency services (NCLR, 2007b). Undocumented status makes many reluctant to seek health services and many services may not be available to them because of their undocumented status. An HIV diagnosis prohibits eligibility to enter the U.S. or makes one ineligible to apply for permanent residency unless the immigrant is eligible for the waiver process. Waiver eligibility is determined by the CDC and an immigrant must establish that the danger of HIV infection to the public health of the United States is minimal, the possibility of the spread of HIV infection is minimal and that no cost is incurred by any level of the U.S. government (USCIS, 2007).

#### Hispanic MSM

A research study by the CDC conducted between 2001 and 2004 showed HIV/AIDS disparities for Latino MSM. Compared to White MSM, Hispanic MSM had higher rates of HIV/AIDS diagnoses and a higher percentage of progression to AIDS within three years after HIV diagnosis (Hall et al., 2007). In a recent analysis, the Division of Disease Prevention

found that Hispanics were two times more likely to receive a late diagnosis of HIV than Whites in Virginia.

#### Hispanic seasonal and migrant farm workers

Seasonal and migrant farm workers face precarious work stability, housing, health and safety. They are characterized as highly mobile, with a low level of formal education, and low-literacy in any language (NCFH, 2007b). Some labor camps are composed primarily of single males. This factor, combined with very limited recreational facilities, social isolation, and a cultural sanction of prostitution, has resulted in a high incidence of sexually transmitted disease in these camps. A high incidence of both prostitution and intravenous drug use has been observed within some farm worker communities, especially in the East Coast stream (NCFH, 2007a).

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